

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A. BOONE		08-06-01
O.I.P.E. CLASSIFIER			9-10-01
FORMALITY REVIEW	KL	1080	9-13-01
RESPONSE FORMALITY REVIEW	M.D	625	11-14-01

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INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	04/04/02
2	02/02/02
3	03/03/02
4	04/04/02
5	05/05/02
6	06/06/02
7	07/07/02
8	08/08/02
9	09/09/02
10	10/10/02
11	11/11/02
12	12/12/02
13	01/01/03
14	02/02/03
15	03/03/03
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17	05/05/03
18	06/06/03
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21	09/09/03
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23	11/11/03
24	12/12/03
25	01/01/04
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27	03/03/04
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31	07/07/04
32	08/08/04
33	09/09/04
34	10/10/04
35	11/11/04
36	12/12/04
37	01/01/05
38	02/02/05
39	03/03/05
40	04/04/05
41	05/05/05
42	06/06/05
43	07/07/05
44	08/08/05
45	09/09/05
46	10/10/05
47	11/11/05
48	12/12/05
49	01/01/06
50	02/02/06

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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JCH
 09/13/01
 09/13/01